Dont put off teaching till presence of milk. ie before physiological congestion. Note last 24 or 36 hrs.

Frequency of feeding - Every two hours during day and twice during night.

If baby sleeps let it sleep except mother is inconvenienced.

Babies can be educated to habit.

Baby should be put into his own cot after nursing because there is danger of smothering. It will also want to nurse. Mother may be worrying and not sleep well.

Baby may move at night when wanting to turn over. It may not sleep - give hot water instead of nursing Oct 14/05

Rule for nursing.

Day
I Birth to 6 weeks - every 2 hours.
I 6 weeks to 12 weeks - every 2½ "
3 after 12 weeks - every 3 "

Night Once or twice a night.

Baby not to be nursed after 5 mth

(as arrow root biscuit etc)

Solid food given at 10 months.
Dont begin to feed in summer on
solid food. (Not wise in hot weather)
Some mothers dont make good nurses
because of
— Violent Tempers
— Chorea - Tuberculosis (latent or active)
— Loss of blood.
— Blood poisoning.
When succeeding babies show illness
at particular times it is better to
wean at that time.
Milk of Pregnant women becomes
deleriorated. - (Dont wean baby in hot weather)
Note Tubercolosis mother also Typhoid.
Previous history of former
nursings has large influence.

Oct 14 2d 2h '04

Evidences or Symptoms
of insufficient nurse

Important to recognize early
during 1st week. ± Constant fretfulness
± Temp 101° — 106°. may be starved
when no other cause present.
Constant fretfulness - (no to sleep)
± Failure to gain wt ½ oz a day.
± Irregular, short, disturbed sleep.
Baby may not sleep well after nursing
Result to baby + indigestion
Stools - dry, hard, or soft color off (green)
Excessively long or short period of
nursing. Usual time from 6-15 or 20 min
Baby may make several attempts but
fail. Examine breast before and after
nursing but this may not always
be a good plan. - Rather weigh baby
before and after

In latter months more difficulty
in detecting insufficiency of nurse

Stationary weight - loss of weight -
baby can't sit up. - delayed closure of
Fontanelle - delayed dentition
Symptoms of malnutrition
Don't jump at conclusion
Suppose - milk scanty and poor quality
Spec grav low 10.24 - 10.27 normal 1.031
Small amt. of fat (2 or 3%)
Give mother rest at night 10 min twice a day
Fresh air - Stimulate breast - massage
and by putting baby to breast frequently
massage 2 or 3 times a day. (mother
may be starved) - feed her well.
Beer - Porter Malt Extract etc.
Butter - Cream - Give liquids - Milk
Cocoa - Broths Nitrogenous foods
Increase exercise of mother - better quality
Scanty milk but normal quality
Increase quantity of fluid taken
Mind has wonderful control over
milk secretion. Make mother believe
she can produce milk.

Quantity good - quality poor
the spec. grav. little fat.
Increase the proportion of fats - decrease
exercise. decrease liquids (Try dieting)
An over secretion of milk.
Breasts large etc - Squeeze Breasts
Disturbances - Menstruation Pregnancy.
Disturbs baby - Cease feeding for a few times
Curds pass in stools - Proteids may be
increased in amount - Pregnancy
disturbs the baby more.
Examine milk -
Amt - React (alkaline) (acheveracid)
(1029-1031) Spec Grav - Micros. appearance
Fat - increase lowers Spec. Grav. av. 4%
Proteids
Sugars - Rarely any complaint %
Inorg salts
Act 2/05
note Lists for milk quality Holl's Special Lactometer
Colostrum temp thaws down colostrum corp. - note baby after 2nd week calls for
gets rid - castor —
Anaemia another cause. short time at last.
Sexual excitement " "

Oct 22nd '04

Weaning should be done gradually.

Sudden weaning causes indigestion - ~~It~~ should not be weaned during hot weather.

Baby should be weaned about end of ninth month. Some say baby should not be weaned after 11 or 12 mths

If in later months of nursing

If baby steadily gains in wt. no hurry. but if wt stationary or if there is loss of wt baby should be weaned.

Baby should be educated to take artificial food.

Sudden weaning may be necessary in certain diseases. Tuberculosis - Typhoid fever etc. (Mastitis) In this milk should be kept flowing. But do not keep baby away very long.

In Infantile Pneumonia - put baby to breast when acute attack is over.

Means of drawing milk from breast.

Russell Cox

Thumb and finger
Both hands - wash hands wet them
work gently beginning near nipple
and gradually extend pressure
downward.
Milk pumps - know how to work.
may dilate milk duct.
Food for child to be weaned should
be lessened in % with reference
to average % for the particular age
Arrived feeding - when milk not
enough in amt. when mother
is not well. - Mix cow's & mothers milk
Baby should be educated to spoon, cup,
or bottle when fed on wet nurse.
Gradual weaning of baby is proper.
may be extended over four weeks
Cautiously. Note slips.
When baby continually fails. Decide
where trouble is - Examine breast.
and milk. - Milk reaction - Spec Grav.
Constituents.

Reaction - freshly drawn - usually alkaline - sometimes neutral - rarely acid

Spec Grav - av. 1031 — abnor. 1017-1036.

- fat lowers S. Gravity
salts raises S. Gravity

ination

seen in first week

op seen in case of

increased by

k - signal excitement

cond week a

should take place.

prac. Constant

due to floating

examined by

instrument lactoscope to distinguish

transparency. This requires largeant

of practise.

Marchant test, Fat separated from

METHOD OF GRADUAL WEANING (CAUTLEY).

	First Week.	Second Week.	Third Week.	Fourth Week.	Fifth Week.
5 a.m.	Breast	Breast	Breast	Breast	Breast
8 a.m.	Mixture	Mixture	Mixture	Mixture	Mixture
11 a.m.	Breast	Breast	Breast	Mixture	Mixture
2 p.m.	Breast	Breast	Mixture	Mixture	Mixture
5 p.m.	Breast	Breast	Breast	Breast	Mixture
8 p.m.	Breast	Mixture	Mixture	Mixture	Mixture
11 p.m.	Breast	Breast	Breast	Mixture	Mixture

thumb and finger
Both hands - wash hands - rub them
work gently beginning near nipple
and gradually extend pressure
downward.
Milk pumps - know
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Cautley. Note slips.
When baby continually fails. Decide
where trouble is - Examine breast.
and milk. - Milk reaction - Spec Grav
Constituents -

Reaction - feebly acid - occasionally alkaline - sometimes neutral - [illegible] acid

Specific Gravity - av. 1031 — above 1017-1036.

Increased amount in [illegible] & Emaciation

Increased [illegible] in [illegible] & Emaciation

Microscopical examination

[illegible]

usually fatty. Pus and epithelial cells in inflammation. [illegible]

Hemorrhage - blood - [illegible]

when RC occurs second week of disease.

Sugar - [illegible] in all cases.

Fat

Method - Already due to [illegible] fat globules with material of [illegible] Transparency [illegible] fractions.

Guaiacum test, Fat separated from

Milk & Cream Test

Oct 29th '04

Percentage of fat

SCHEDULE FOR FEEDING AVERAGE HEALTHY INFANT.

Age.	Fat.	Sugar.	Proteids.	Intervals.	Number of Feedings.	For One Feeding.	Daily Quantity.
						oz.	
1st week	2.	6.	0.6	2 hours	10	1 to 1½	10 to 15 oz.
2nd to 4th week	2.5	6.	0.8	2½ hours	8	1½ to 3	12 to 24 oz.
1st to 3rd month	3.	6.	1.0	2½ hours	7	2½ to 4½	18 to 32 oz.
3rd to 6th month	3 to 4%	6.	1 to 1.5	3 hours	6	4 to 5½	24 to 34 oz.
6th to 12th month	4.	7.	2 to 2.5	3 hours	5	5½ to 8	28 to 40 oz.
12th to 18th month	4.	5.	3 to 3.5	4 hours	4	8 to 9	32 to 40 oz.

Modified milk

Mother milk		Cow's milk
Fats	3%	4%
Sugar	7%	4.5%
Ash	.2%	.7%
Proteid	1½-2%	4%
Water	87%	87%

Best adaptation artificial food

Infant Food more complex

Proteid of cows milk - Caseinogen 3.25
Lactalbumen .75

Note. Proteid of mother milk Caseinogen .6
Lactalbumen 1.4

mouth from tube + put by alcohol.

Mill. Cream Test

Shaking bottle measuring
10 c.c. 2 drops. Leave 10 c.c.
Have 20 degrees mark to read from
bright part of cream.

Tubes must stand well.

Temperature of tubes with cream.
Same as water bath will help it.

Oct 29th '04

Difference of 1% in cream of
milk is more evident when very necessary.

Cub. Cream Test 10 = 8

Percentage of fat - breeds varies widely
sugar & milk remains about constant 6%
Fat alone can be raised at will for fluids
by the grain. Inorganic salts fairly constant
If fat is high - skee grains low
If fat is low - skee grains high

Rule: If fat is high - skee grains high - But if high
cream fat high & sugar down skee grains.
If fat is low - skee grains high - But if cream

normal because high spec gravity of curd low fat.

3. If fat high + spec gravity low. — protein normal low spec grav. by high fat

4. If fat low + spec grav low protein would be low also

Milk presenting moderate deterioration can be changed but great deterioration spoils product.

Condensed Milk

Protein milk		Cream milk
Casein	.2%	.7%
Sugar	7%	4.5-%
Fat	4%	4%
Carbid	1½-2%	4%
Water	84%	84%

Basis calculation evaporated

Solids Protein milk — Casein 3.25

Lactalbumen .7

Protein further milk Casein .6

Lactalbumen .17

Note.

Comparison of mother's milk is only ½ that of cow's milk

Average baby can digest 3 2½-4% fat ounces of cow's milk increased.

Protein curd tough - reduce from 4 - 1½ in healthy baby. But in sick baby protein must be lowered & fat then 1%. Not will to give higher than 2%

Cow provides 4% fat ounce - 2%
ounce 1.33%
three 1%
four .8%
five .6%
six
seven .5%

Condition -
Curd modified by limewater
or lemon juice
to 3 oz milk
3 oz " 1 fat
1 gr sodium citrate to 16 oz - protein
Escarbut

Nov. 10, 1924

Infant milk (mother's) with 3½% cream but some other plan is necessary

Scott formula

F = required % of Fat
S = required % of Sugar
P = required % of Proteids

F - P = no of oz of 16% cream

(12 oz = unit of mixture)

F 4
S 6
P 3 } wanted

or F - P = Cream oz.

3P - 12 = no of oz of new milk

½ Sugar - Proteds no of oz of milk sugar

Lime water - ½

Boiled water to 12 oz.

4 - 3 = 1 oz of 16% cream

3 x 3 = 9

9 - 1 = 8 oz of milk

$\frac{7}{6} \times \frac{6}{1} = \frac{42}{8} - 3 = 5\frac{1}{2} - 3 = 2\frac{1}{2}$ oz Proteds

Formula sent for 1st week

F 2
S
P .6

Second week

F 2.5
S
P .8

6 mth. baby

Fat 4 Cr 2

S m 4

Prot. 7 W 6

Formula - required % of fat between 4 + 5 between req. % of Protein

worked to 20% cream.

F = P = no. oz of 20% cream

P - F = no. oz of new milk + water (milk, Eg 20 oz

Eg F 2%

S

P 7%

When child not gaining or if vomiting or stools unsatisfactory

If habitual colic decrease protein

If frequent vomiting decrease quantity

If child brings up curds increase fat

reduce fat

Obstinate constipation

Increase both fat + protein

Cow milk so not check like
mothers. Scar cancers
by - Lacto bacil. daily
- Pulse ely not clean.
- Streptococci dust.
- Contaminated by cows
- Certain diseases from cows, ex
- Tuberculosis - Diphtheria
- typhoid
Nov 1 2020 +

Note Cream formula

Butter fat is largely composed of
~~Glycerin and Palmitin, Stearin~~

Cream per cent
To get rid of cream make whey and fat
body. Cream ratio — 1/3 of fat in
cream. How much to make up.

32 dram whey.
1 dram of 32% cream = 1% fat.

46 dram whey
1½ drams of 32% cream = 1% fat

Nov 10 red mouth ulcer + tongue - fluffiness -

fluid stools - gauze bandage - warmth
Put must depend upon baby's
last symptoms & give after
turkey mixture - Formula

3 1/2 cream
Fat 2 1/2 %
Sugar 3 %
Proteins 1 1/2 % { casein .6
lactalbumin .75

1/2 F 32 1/2 Cr.
2 tablespoons % of milk
whey added to 150 g.
1/10 3 - 4 cream mixture
Fat = .622 g Cr
Carbohydrate 3 = 15 g milk
whey added to = 4.9
Sugar 3/10 g

Nursing bottle sterilized between every
feed & thoroughly washed. Nipples
boiled. Just weighed & dried.
Nipples sterilized in strong salt

Cows' milk Scale - Many [illegible]
measles rain Eels - Lumbago -

up to 2,2° Cooked - 149° 15 E° mild

Too much fat causes - vomiting
diarrhoea - Too little fat - [illegible]
in milk Protects - Milky [illegible]
stools - Opposite - muscles soft flaccid
stiff - baby weak - bird
Too much sugar - colic, pains
Too little sugar cold hands & feet
[illegible]
(Used to fill on barley water albumen
water &c) orders which to be taken off
for a time) Too
(Cream) Cocoa not too long Nov. 26 E 24
Common breath metabolic or
digestive - inflammation of mouth
throat, windpipe, sometimes
[illegible]

Occurs at any age but most common
after ten years - Sore - Ulcers and
[illegible] - [illegible]
[illegible] - Cause - [illegible]
[illegible] frequently [illegible]

Indirect infection not so common.

Direct contamination

Incubation period - 3 days

Symptoms -

Usually begin in urethra and extend to mucous membranes.

Free copious secretion of yellow pus

Crusts form in labia

First day or two may be slight fever

Generally no constitutional symptoms.

Pain on micturition - frequent micturition

Cystitis follows.

Duration 1 month - 6 or 12 months.

Definite diagnosis of few cases made only by microscope

Limbs - epithelial - Bacilli - pus cells.

Complex - [illegible] pus cells

Staphylococci

Simple requires absolute cleanliness
Surgical irrigation - twice a day. night & morning
Abscess of breast
Local external Antiseptic - hot water & soap.
Incised & treated with carbolized
solution - Bismuth and Iodoform
Boracic acid & vaseline
Put on a gauze pad. & Bandage &
Abscess may eventually ointment
discharge & heal
Chronic cases needed - vaccine
Antitoxic - long course
Treatment much similar
Irrigation - Perchloride sol 1-5000
Carbolic 1-64
twice a day.
Wash out with water afterwards
Iodoform or ichthyol ointment
or gauze dressing
Silver preparations in cases found
Intra Nitrate of silver used strong 4%.
2.4.1092 Dom

Argyrol - Prolargol - 50-60 gr to 3j
Put in through small speculum
or syringe.
Applied every day then 2 days off.
Recurrence not uncommon.

Adherent prepuce

Normal agglutination continued
foreskin should be pulled back.
Treatment - Retract foreskin
wash hands + hepthesis thoroughly.
If foreskin difficult to pull back more
(use of vaseline) and start with
small probe - wipe with dry sterile
or piece of [illegible] pull foreskin back
+ introduce [illegible] probe by blood

Dec. 3rd 04

Let child in room where can
get light. Then weight regularly
on putting due to time of treatment
of prepuce - then use probe

Examination may exist without
symptoms of fracture and may be
easily pulled back
Cleanliness not possible if [illegible]
not drawn back
[illegible] constricted by [illegible]
[illegible] which causes several
[illegible] - [illegible]
[illegible]

Reflex [illegible]
[illegible] as well as
lead to [illegible] - as well as
relaxed sphincter & urine
Result [illegible]
[illegible]

Stone in bladder - [illegible]
[illegible] - [illegible]
[illegible]
[illegible]

(Always look at baby's forehead & between eyebrows) [illegible]

Infection may be introduced on [illegible]
[illegible] Pill boxes [illegible]
three days for two weeks then once a
week.

Sketch them out of book if have
[illegible] light and will
not reflect - Bismuth Formic iodide
hot [illegible]? Write judgment

Nov 10 [illegible]

[illegible]
[illegible]
last two years (Beauties
[illegible] can be taught
drag
[illegible]
[illegible]
[illegible]

Records better

urine

Raise

as remedy - (uncertain) but

{ 1 gr aloe ferri
{ 2 oz water (986

should start with 3 drops

Records does not work.

Eyes

Nov 9/20 -

Stomatitis -

Catarrhal variety

Redness & swelling of mucous membrane of mouth - increased secretion of salivary glands and mucous glands

Etiology - usually traumatism from ~~from~~ N.

Kinds of Trauma -

For vaginal resting of ~~the~~ ~~the~~ ~~the~~ mouth - Baby Comforts. For hot food. a short tooth. Irritation or abscess in gum

Wash out mouth with boric solution after a meal - Nurses gastro-intestinal disorders summer. Bowel disturbance fevers.

Infectious - measles etc

Symptoms - Temp increased - pain swallowing & difficulty in ~~in~~ opening mouth in a hurry.

Increased secretion - Odor from mouth tongue usually coated - edges reddened. Papillae prominent.

Borders of mouth - Ulcers more localized

considerable enlargement of neighbouring glands.

Treated Treatment

Suppuration should be guarded against.
Abstraction of these infectious you see
slight papular eruption on inside of lips like
sago bodies

The constitutional symptoms.

Treatment Remove cause

Cold Syringed under affected part over
mouth - brush off with Borax and oil.

True Food cold -

In severer form of trouble Alum 10gr - 3j
one absorbent cotton may be applied to it -
Pencil - Alum are recommended.

Treatment (of Thrush Stomatitis)

Vesicular - papular called by some
Aphthae of mucous membrane
accompanied by superficial ulcers.

Etiology - Most says it is of severer type
more often seen where there is some
constitutional trouble or after children diseases
Causes - Formation of a cyst - Then breaks

cells at apex producing a red faced ulcer.
The ulcers extend superficially
(It may precede or follow the symptoms of catarrhal inflam.)
The ulcers come in successive crops usually seen first at borders of lips - yellowish - about $\frac{1}{8}$" in diameter - Patches are often seen when they run together and are very painful -
The tongue is coated but breath not offensive as in the
(duration a week or two)
Treatment Give a laxative
Chlorate of Potash 20-25 gr — 3i 3 doses
Gargle.
Of large patches apply alum (burnt)
Argyrol 5%, or mild ammoniated.
Cotchlor
Glycerin
Ferri mur.
Next Variety - Ulcerative - This will go more months - Tissue destroyed - Never occurs where there are no teeth - Infectious by saliva
It is never seen in children under 5 yrs usually follows debilitating fevers - They start around a

Dec 21st 05

Cobra venom

Goat milk injection

Bovine tuberculin

Emulsion of Cod liver oil prepared by Thos Kerfoot Ramsay Ltd. Trade Mark Ramsay's Emulsion Ramsay Kerfoot

Ext Hyos - not good. Has injection Rowett Lymph Gland. Has tuberculosis

Clinical - pain in abdo

Ford - always has rash & wet mouth

Nurse - not very ill. Tuberculosis

Age - 3 yrs - 25 yrs

Habits - smoke milk from mouth

C of E - 5 leucocytes - 4 lymphocytes - 1 large mononuclear - 1 polymorph. Red cells - Poikilocytosis and Anisocytosis slight

1st Haem. not haemolytic.

2nd Haem. not haemolytic.

Precautions.

I Inject 1 c.c. to 1 day at previous

2 Acute exacerbation of ulcerative colitis
3 Always commence with laboratory and
produces
4 investigations in short time
5 High fever - surface cool but core
temp very high. Always put thermometer
in rectum and rectal temperature
guide to diagnosis.
6 Vomiting may proceed diarrhoea
and may be persistent gen. prevent
oral administration - Persistent retching
can cause oesophageal
of it causes - The attempt at drinking or
eating will cause recurrence.
The diarrhoea - copious - frequent (10-15 in
24 hours) green (blood stained or often
consists of "ice water" evacuations
Dehydration - acid loss - marked thirst
Odour - offensive at first Excretory
odour, very early later on a heavy foetid
odour is usually noted.
Pain and tenderness of the abdomen due

8 destructive loss of fluid.

Fontanelle invariably depressed

8 Face - Face is always white even with ...

- Eyes sunken with dark rings around them

- Features elongated

- Jaw drops, mouth open

- Nose pinched

- Blue lips - Clammy sweat - cold

9 Pallor and dehydration of skin - loses elasticity becoming dull and corrugated

10 Pulse rapid

11 Rash in severe

Sudden symptoms last for about a day or so and it comes during the night. Child will recover

Fatal cases

I

I Cold clammy sweat.

3 almost white like.

4 Stupor - Coma or occas convulsions

5 Persistence of diarrhoea in spite of efforts

In mild cases the vomiting and
discharges diminish but the nervous
symptoms are accentuated

1 Restlessness twitching muscles
2 Extremities cold
3 Eyes dilated with narrow white span.
4 Thirst
5 Temp rises or subnormal.
6 Pulse rises

Such cases may terminate in
collapse & death.

Favorable symptoms towards recovery.

1 Condition of vomiting
2 Stools less frequent and increased
and colored.
3 Pulse more perceptible
4 Speak rational
5 Skin moist

Nursing I Constant vomiting
2 Profuse Stools
3 Treat thirst in connection
of 1 and 2 - dry tongue

4 [illegible]

5 Rectal temp.

Followed by -

6 Rapid collapse - sunken eyes

and sunken fontanelle

7 Urea & reduced

8 Cold breath - body etc

9 Cyanosis

10 Stupor sets

Limbs like rag in infants or with diarrhoea

Prognosis - $\frac{1}{3}$ of cases die.

(3rd) - age majority in infant to whom here die

- If [illegible] death will occur

- [illegible]

Prevention - Isolate & keep up Cause of disease as if it might be Cholera in [illegible]

I do not call any summer diarrhoea an attendant of teething. Give emptys stomach and bowels washing them out thoroughly with fluids -

stomach pumped.

2. Neutralize effect of toxines on nervous system by use of morphine

If not contraindicated before bowels are washed out or if diarrhoea is beginning

Give - morph ¼ gr

Atropine 1/150 gr } for 1 year.

3. Stayand effect on 1 hour after injection

Intravenous injection of normal saline will counteract loss of blood

Give stomach tube with funnel in need but fine

Drugs liquid nitrate silver as gargle or spray

gold chloride, bichloride, lead, opium, not antitoxin

Count 3rd in as many hours

4. Transfusion only if heart flagging

Withdraw a pint and pass back slowly

Observation of allays alternatives.

5. Reduce temp by baths of cold water wrap in blanket for 2 hours

every hour or so. - Decapsets to head.

6. Tonics strychnine quinine & whisky

Counteract by pumping & whisky

Counteract - when temp goes up

Chron Cases.

Jan 28 [illegible] 05

Summer Diarrhoea

Gastro Enter + Cater: Inf.

Infectious Diarrhoea.

Due to toxic absorption resulting from bacterial changes in organisms in intestine.

Causes - Children Commonest - artificial feeding
- Season - Late summer - bad state of health
- age - 9 mo to 2 yrs. - impure milk

Symptoms - Onset - gradual onset.
- Vomiting
- gen. without pain. diarrhoea

Severity - mild to severe

- Vomiting

Mild generally not short - motions
Stools - yellow & green

- fatal in neglected

- convalescence after 2 days motions & feel normal - from 3-6 days. - mouth not congested lips - (suggest

Offal to be good for some time – loss of flesh – skin flabby – Eruptions.

Severe cases

1 with proper treatment we get – less stools with better character – disappearance of mucous – offal to returning – vivacity returns.

2 Another termination – may be comp. well and take a relapse due to overfeeding & improper food

3 Prolonged mild symptoms with aggravations & remissions. All are Chronic cases

Severe form – Sen a sudden onset. Prostration – crying – Diarrhoea – skin hot and dry. Temp up to 102° – 105°

Abdomen much distended & painful on pressure and legs drawn up.

Evacuations frequent – may be very thin yellow all. At first stools are like ordinary ones but soon after a diarrhoea – Vomit contains food taken hours before – very acid – bile contains mucous – & bile mixed by food to drink

Urine – scanty, very pigment – foul offensive – may yield albumen & glucose. great salivary secretion

Death passage with relief often – pec mucty odor. Prostrated on entering room. Temp may fall several degrees

Termination - Diarrhoea may clear up and temp. fall.
If child is weak or improperly cared for - temp. drop may be but temporary and functional disturbance may become inflammatory one.

3 If over two years mother's food is generally same and as a rule we have more pain but lower temp and recovery quite prompt with proper care and less likely to be followed by inflam. form.

Diagnosis - sudden not severe symptoms
Comparatively short duration
- if long has inflam cond added
(Favorable termination)

From Dysentery
- For few days has same mild symptoms
Fairly normal inflam cond.
- Stools not bad guide -
- Blood + mucus absent with inflam
exudate
high temp indicates inflam cond.

From Pneumonia - resp. symptoms
- Physical signs

From Tonsillitis - high temp - same as in throat
- vomiting and but a little cough
- appearance of throat

From Malaria - Remittent temp.
enlarged spleen.

From Scarlet fever - rash within 24 hrs

From Cholera Infantum

Pathogenesis - good no mild cases - poorer in hot weather.

Treatment

General - Let out of cuby if possible
- attend to stomach and bowels
- cut food down to ½ or ¼.
- give lots of water.

Dietetic. Cut out all food as digestion does not go on - do not worry until it improves some - albumine water good.
Cut off milk entirely in acute symptoms and for some days after milk is well - also solid foods
Put all your instructions in writing - so as not to be forgotten.
- do not give much food at a time
- often food given too frequently
- too frequent change of food not good.
- keep amt down to ½ or ¼.

Medicinal

- Empty stomach and bowels
- wash out stomach with tube if necessary or if regular douche if warm water be given child will vomit it.

- Calomel for bowels generally ever castor oil is usually rejected by childs stomach.

In many cases calomel acts as a sedative to stomach like our castor oil which aids stomach

Calomel and castor oil better for children than senna - laxative etc wash not known bowel two or three times

Glycerine suppositories after offensive motions cease as it helps to stuff. One or two doses sufficient do not order as a mixture.

Give mother boxes and tell her not to give any more till you return. Each box of powders to mixture.

Movement abnormal

Feb 4th '05.

Predisposing causes -

Anything that lowers vitality.

Causes -

Improper feeding

Poor milk

Overcrowding in houses.

Want of care

Infectious Diseases

Acute cases - usually sudden - often with vomiting - For 12 or 24 hours

symptoms are those of acute indigestion.

In Septic Sore Throat - Pain
not generally found until
in about 48 hours Blood dysphasia
first.

Temperature [illegible]
Erythema [illegible]
temp 102-104 high first 24 hours,
[illegible]
at end of trouble.

Severe pain first 24 hrs, [illegible]
[illegible] for several days. Last
Three —

Diphtheria [illegible] - about
a week - Temp [illegible]

Signs of [illegible]
Disappearance of food
Foul [illegible] stools
Low pain and
[illegible]
[illegible]

Severe Catarrhal form - aggravation

Lamb steadily higher.

Blood and [illegible]

Coagulation more severe

Respiratory - cardiac weakness

Lung complications [illegible]

Death from exhaustion or acute infection

Follicular - Necrotic

Widespread exudation of lymph

nodules - but often seen combined with

acute, and [illegible] with high temp as

a rule.

Combined with acute endocarditis

If long, do not relieve until temp. up.

Pulse hard & rapid by any exposure - 3 or 4

to 60 a day - Pericardial & pneumonic

[illegible] - Blood may [illegible]

Nervous - Generally at beginning

watery stools, [illegible] endocarditis

during acute convalescence

Later stages, many [illegible]

Patients have an [illegible]

Organs suddenly
High temp - Blood stools.
Ulceration of bowel - showing patches
of ulceration - There may be no stool
Day - Large shedding of the mem
Duration - less than two weeks
of the 2 weeks

Diagnosis

Note hyperbord - clover invasion
Coat tongue - erythema -
Tender Abdomen

Pain - vomiting - perforation
Peritonitis - collapse
Abdominal tenderness.
Symptoms after some days.

Differential diagnosis

Typhoid - sudden onset
No blood or mucous in stools.
Large tongue with clean tip
Chief Points

Small white bloody - mucous

Medicinal - Mechanical

1 Fever temperature
2 Irrigation of colon.
3 Shortage of food

3 tablespoon to pint
water - 2 qts
once a day
Fountain syringe

Keep bag just high enough
to keep water running - 6 inches

Temp 106°-110°

Ice water -

Sponged - Temp reduced ½ 3-30 ½ 3

½ 3 - 2 or 3 ½ [illegible]

[illegible]

of the body - [illegible]

[illegible]

Convulsions -

[illegible] as

symptom.

[illegible]

Child's brain used, large with regard

to body wt. under one year 1-6

Intellect weak.

Mental functions not developed

Control of nerve force is [illegible]

of nerve force [illegible]

good conduction [illegible]

[illegible]

[illegible]

in

children.

Phimosis –

decomposing food.

Anal fissures.

Sepsis resulting from blood
poisoning Necrosis Pericarditis
Endocarditis Pleurisy –

Measles – Roseola – Rubella
Erysipelas –
Hysterics
Delirium tremens Meningitis
– inflammation. – Bright
disease
Cerebral –

over two years

Acute meningitis in children
showing convulsions with rise of temp
Temperature Pulse

Symptoms - Appears as cause
Leucocytosis with total absence of
Eosinophil enlargement of lymph
Enlargement - Lymphocytes total
Lymphocytes - neutrophil increase with
Fluid fluid cytosis - Albumen -
Complement

Treatment

Intravenous

Intramuscular

Intrathecal - 4 cc 1 day
6 cc 2 - 7th
8 cc 8th

gram-Negative

every 3 days

Effect in 1 hour.
should decrease in 12 hours
Recurrent - repeat same dosage

6 million $\frac{1}{4}$ cyl.

dose $\frac{1}{4}$ gr $\frac{1}{4}$ gr

Lymph $\frac{1}{10}$ gr $\frac{1}{10}$ gr

Course of treatment -

II Not bath good PE-1 c.c. — IV

Keep cool — cool morning bath

Give them something to do.

No rest after, and keep cool in afternoon

Hot bath must be continued

Previous good health usually influential factor -

3 Examine 20 minutes etc.

Feb 18th 05.

(Malaria)

Occurs in children & older people

Pathogenesis

Variable - note environment imitation

Recent conditions

Rain - cloud - hot - low elevations - want

of circulation and of ventilation

Predisposition - Local or constitutional - such as poor health, climate - disordered metabolism

Exciting causes

Local disturbances - irritation

Accident injury

Trauma

Nervous shock

Self treatment

Symptoms - Physical changes hospitals

Examinations

Fright - Grief - Mental excitement

Symptoms - vary widely

Physical

Nervous

Mental

One or other predominate

I Causes of depression - changes in mental condition. Lack of knowledge or presence of symptoms - disturbed sleep - night terrors - [illegible] child may have pain - deception - **Feigning illness**

Emotional tendency

2 Sub mind element a early life
Fear or love hyperacathesis
Conversion hysteria
Headache with tenderness of scalp
Pain & spasm in various parts of body
Degenerated form with convulsive tic
in other conditions
Special senses affected - blindness -
deafness of -

3 may be replaced by phrase - large
print - [illegible] of organic
diseases of these forms may be
simulated - not seen in small
children - Diseases - nerves - nerve
Spine - Diseases by local hyperesthesia
roots definite - not [illegible]
If [illegible] any one mental disturbance
Hysteria disease included by

Attacks of sweat more abrupt
Course acute irregular

Degree of deformity too great for time.
Caused by hyperesthesia [illegible] to climb
Can't [illegible] Spinal C.
Under sensible treatment.
Deformity varies from time to time
Chloroform may reduce deformities
In long enlargement.
In swelling of joints.
In evidence of acute inflammation
In evidence of suppuration
Ankylosis except deformity
are subjective

E Tonic spasms.
Muscles [illegible]
Precursors Dysphagia
Asphyxia - Hydrophobia
Lockjaw -
Opisthotonos
Tonic [illegible] dysphagia

In chorea [illegible] may [illegible] head [illegible]
In chorea [illegible] warning - [illegible]
may be [illegible] of chorea

Tonic - Increase in any variety
in many cases consciousness not
entirely lost - Normal Limp.
Can tend to take form
Patient firmly corrected
Stop tonic
Force digestion
Early accumulation

Diagnosis - (way of thinking of)
usually tonic, if uncorrected
symptoms would advance upon
other unbalanced.
Heart accelerated by nervous
force without valid cause. Manage
symptoms

(Think out best experiment platform
to give diagnosis now)
Life cycle - rhythm.

Very fine line between
Elevation, falling - Manifold
Living of long ago - race, of races.

Treatment.

It should consist to reduce
[illegible] with causes trouble
[illegible] not good.

Prophylaxis

Physical exercise [illegible] them
out of doors. Red cross - Educational
[illegible] - Education re.
to prevention of disease, & work
child - boarding school. Find
many cases [illegible]
& hospital -

[illegible] - prevent what
can't [illegible] - Eye
Ear - throat [illegible]
[illegible] [illegible]
[illegible] - Tuberculosis.

Prof. Bevier

Diet-

Milk - [illegible] recommended

Barley water - chotera [illegible]

[illegible] regular mucous [illegible]

[illegible]

[illegible]

[

Palmetto water has more laxative

Arrow Root water

Why

Why

Hot [illegible]

Clothes & flannel

In boiling water -

Turpentine - 4 fl. Turpentine

[illegible]

March 4 [illegible]

Sponging -

Bath - one bed water proof sheet

large sponge - face neck & trunk

5 - 10 mins children rapid.

water - Hot water bottle at feet if

weak - Cold water in all febrile

conditions.

Alcohol about 25% Cool bath.

Packs

Sheet out of cold or Spirit water - chill

rolled in this then dutch dry blanket.

Change in 15 mins - nothing effect -

sleep - leave 1 hr.

Cold pack Scarlet fever pneumonia

medical

Cold bath - any cond. where temp. high

If depressed too much - do hot hot water bottle - hot blanket etc.

Coramine - most depressing drug

watch pulse

never give over 1/4 min and never over 1 min

to child

Used in acute pneumonia

Ipecac - 2-10 gtt per rectum & by

mouth in fever pneumonia

40 gtt sum. after cyst. cond.

Antipyrin - oral or - Careful

Hot pack - blanket wrung out of

hot H2O change every 1/2 hr

Steam - 2 hot bricks - wooden box - wet

blanket 2 hours good

Bronchitis - Scarlet fever

Tinct. Digit. - con-vulsions - collapse -

Camomila — Tincture 3-6 oz

make paste - thin with water
150°C

Stimulant Brandy - 2 tea-spoonful
2 hrs - 3 grs 1 - 6 dr - 24 hrs

Bromide 1/2 - 3 gr - 6 mins - 3 - 4 grs
1/2 - 3 grs - 1 - 10 grs mustard

Chloral 5 mins - 1 gr
1 yr - 3 grs
2 " 5 grs

Acid Hydro - 1 gr - 3 grs
3 grs - 5 grs

Calomel - Hydrargyrum - dentgermin 6 mo
1 yr 1/2 - 1 gr
yrs - 1 - 2 grs

Carminative Cures stomach
Asafoetida ferment etc

Rx Fennel Seeds 3ss
Ing. Carb Sodae 1 1/2 gr
Comp Tinct of Cardom 2 gr.
Syrup of Ginger
Aquae water to 3 ss
ag 3 i

Spirit food in back of Pharynx
and next to feed by
Infant - Inclined position
pass small rubber catheter down to
stomach inject ½ - 2 oz food.
To wash out stomach use 10 - 12 catheter
Warm borated water.
Food in Gastro catarrh
Cinnamate -

Purgative Sp Turpentine ℥ i
Olive oil ℥ ii
yolk 1 egg emulsion
warm aqua ℥ 4-5

4-5 grs
½ pt

Good for pin worm - but give purge
first - Opium - Bz. Im. Ag.
Wash out bowel double catheter
No 6 - No 8 - No 6½ in. Injections
Chloride of lime - 8 oz - 1 gal H2O
Liq Sod. Chlorinated - ½ oz - 1 pt H2O
Perchlor Hg 4 oz

Permanganate K 1 gram à 1 gold

Dec 16/05

Thrush-

Cancer - "Crow's feet" -

Common mould

Convalescence from acute or debilitating illness

Three stages

Erythema -

2 Creamy membranous growth

These in

These specks are easily removed from

dry-coated -

starchy food. (note)

Diagnosis - easy

Prog - not dangerous in itself - only in

poorly nourished child

Treatment

Prophylaxis - Best treatment

Boracic
Salicy
Resorcin
H-O2 H-O2

use absorbent cotton on finger - best to

methodical way

Twice a day Two days
with nearly cure baby.

(Squamous Epithelioma - Tongue.)

Squamous uflam of cheek nearly
back - ulcerated - mouth can not close
Cancer -

Rarely seen under two years - 2-12
usually secondary to chronic irritation
in baby breastfed

Rapidly spreading progressive - Inflam
products in large proportion to tissue
Involution tissue cannot have time of
demarkation -

Cure if ever by early removal of tissue
before general dissemination of cells

masses

Symptoms - Invades & destroys many
organs in abdomen
Starts in cells of peritoneal
membrane or ovary then becomes
general - Pain - Vomiting - Bowels may
not act or be full with stercoraceous

Jacksonville. Has a characteristic
Stringy odor. Flows from mouth
Tissues round lips up forms a
vesicle [illegible] into gangrenous
ulcer and lymphatics are involved & mu-
[illegible] and necrosed in people. Has
is caused by [illegible] fusiform bacilli
Treatment -
Local measures - Keep mouth clean
Wash with peroxide saline. Offer diet
[illegible] Local measures not in Bad
Prognosis - Fatality 30%
Duration 2 - 7 days
[illegible] of destruction.

Treatment
Indications - 1 Arrest spread of ulceration
2 Combat general infection
3 — Increase strength of child
4 Promote healing process

Use a toothbrush and warm water or cyanide
and go well beyond disease. Follow by
acriflavine or Edinburgh routine - Zinc chloride

Mouth wash. Nitric acid-also hard to control.

Keep mouth clean

H_2O_2

Permanganate

Argyrol

Syphilis

Diseases of mouth no ulcer no odor

Catarrhal -

Thrush -

at 8-9 :—

Mar 18/08 :

Water on Brain.

Acute Hydrocephalus. Sub. tec. of
Sub. inflam. of Pia mater

Expectation - Recovery - Local
Evacuation 3-10 days

Extinction of function
2-7

(Occasionally produced.)
Reduced vascularity
- Scelle
- Scarce Spleen & Lymph
- Lymph
- Lymph Spleen & Lymph
- Lymph Spleen & Lymph

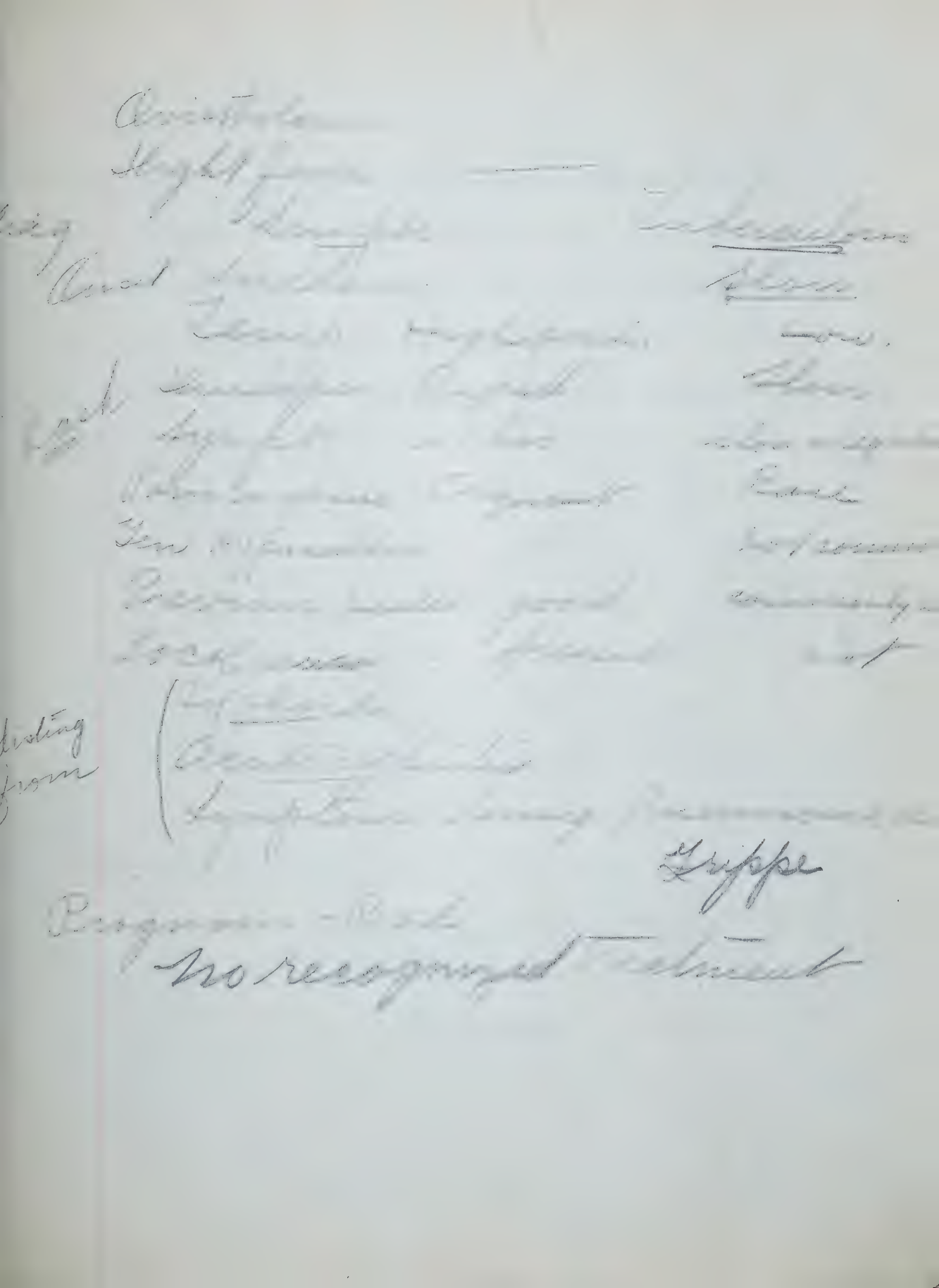
Some cases suddenly.
Sudden death - Sunday last
Illness - Lymph & Lymph
Complaining very suspicious symptoms
Symptoms & Lymph without
Lymph

Slight rise of temp. (remaining)
Lymph & Lymph
Lymph & Lymph

If symptoms do not cease from
Lymph & Lymph

Hydrocephalic cry -

Eye symptom -



Temperature (Cont.)

Morning rise usually about 104°
Protracted remittent for 4-or 5
days, 104° last to 2 or 4 dys.
Crisis may arise 3 or 4th day - usually
2 dy - one day earlier in children than
adults - Fall of temp - 2 or 3 degrees
in following evening - watch for
collapse
Typhoid state [illegible] in severe
cases - suggestive kind of temperature.
Temp. rarely if ever falls by crisis -
by lysis

Circulation

Pulse - Early rise & fall by
day by crisis - most of time rapid
& feeble throughout.

Blood pressure [illegible]

Case of [illegible]
[illegible]
[illegible]
[illegible]

Case of Pneumonia - [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

Gastric [illegible]
[illegible]
[illegible]
and [illegible]
[illegible]
[illegible]

Pleuro Pneumonia
Signs of pleurisy [illegible]
[illegible]
Pleurisy - [illegible]

Diseases of mouth [illegible] or color -

Thrush

Cankrum oris

Noma -

Certain diseases peculiar in new born children -

Pneumonia Pyogenic Bacteria streptococci sometimes staphylococci - in ½ of cases first noted by mother of face again on [illegible] Bacteria enter through mouth or sometimes at navel Do not enter through mouth - fully stomach would probably destroy these. But sometimes [illegible] after lying on face or side is off - Bacteria entering through mouth (from washing after feeding) may be [illegible] Thrush mouth, may be rubbed off by too much force used in washing out mouth.

Clinical Varieties

Ophthalitis - [illegible] may end in [illegible] gangrene (rare) The trouble usually [illegible] 2 to 3 days - no symptoms as of ordinary inflam

II Inflam of umbilical vessels - Often more often affected
Pathogenesis - First there is obliterative thrombosis is taken
up by lymphatics and blood vessels become inflamed
Symptoms - high temp pain and thrombi present. Pus
may appear at skin surface in many cases - This may be follow
by peritonitis - suppurative, erysipelas - multiple
abscesses, pneumonia. In cases of Phlebitis
there may be abscess of liver from extension upward
III Fistula and sinus may follow - A fistula is a tube
of peritoneum. Child may breathe 60-70 times per min.
with peritonitis
III Pneumonia - general or local
Special Symptoms - vomiting, abd tenderness - distension
and paralysis of muscles. Thoracic breathing - dorsal
decubitus - flapping of alae nasi high temp.
IV Pneumonia usually plastic - bronchio-pneumonia
Symptoms - Symptoms of lung not necessary chest walls
recession, child fat usually - Patches of consolidation
not to be found very often - Cases with infiltration a show
not attend a young child - (Pneumonia may result)
V Embolus - death usually result - starts from the
umbilicus as a rule. Spreads rapidly over body (24-48 h
Symptoms preceded by a rigor - Symptoms
high temp 104° great prostration - tender over part - diarrhoea
convulsions at times - Prog - always grave - fatal if

Starting point umbilicus

Symptoms - Commences 2 to 3 days - 1st to 10th day chief symptom

Anuria a symptom

fever high - remittent or intermittent (may be irregular) pulse often rapid. Delirium in majority - haem in many - infection subcutaneous or intestinal. Anaemia - nervous symptoms marked - jaundice early - urine - often irregular - albumen peritonitis - diarrhoea common -

Symptoms of local infection

Post partum - Infection takes 6-8 hrs to show evidence

Haem. in kidneys - cases which are difficult to diagnose -

Dec 2/06

Icterus Neonatorum -

Icterus seen in newborn - may be due to malformation of bile ducts

Physiological icterus in 40 cases - 3 or 4 stools 40-80% in Germany. Hamilton Icterus on from 3rd to 5th day increases in severity from 1-2 days then clears. Duration 2-4 days. Immediately after severe 2 wks. Seen in Skin first - then conjunctivae - others.

Color - pale to intense yellow - urine not often colored only in severe cases - stools unchanged - not yellow except in severe cases (clay colored)

Causes - Icterus more frequent in first (Rebers) labors also in premature and multi labors also in those born asphyxiated

Frequent in multiparous
Chafin - Causes often in prolonged and difficult labour
Holt - duration of labor whether severe or mild has nothing
to do with it
Path Anatomic - Hepatogenous - Haematic
Prog - Tract never dangerous or fatal - Only dangerous
where there is inflam of the umbilical vessels - Septic
jaundice practically always comes from umbilicus -
Examine umbilicus for pus. Child positively all re-
covers jaundice - Does not occur till later - 8-9th day.
Treatment - nil - Some children get very yellow but
practically all get well. If due to malform of bile ducts the
children all die. If hemorrhage from cord - death -
Umbilical Septicaemia - fatal.
Umbilical hernia commoner in thin babies may be
congenital or come on 2 or 3 months after birth. The
aperture usually closes soon after fig of cord but
may remain patent for wks.
Small part of intestine loop may be caught with fig.
used to cord. Size 1½" from abdomen - Coughing, crying
straining at stool may push coil of intestine through
hernia ring (if weak) Hernia in premature babies because
they are thin, weak and have diarrhoea &c -
Prognosis good - Even if left alone congenital cases
get well.
Treatment: Firm snug binder around child's abd.
for 2 or 3 months - Cases rarely occur after 3½ or 4th
month - After 3 or 4th month binder is not sufficient
Adhesive plaster - with 3 to 4 in plaster skin does

not get so sore as otherwise. Leave on one position for a week Then put on in another place,
Take thin piece of wood, tin, lead or zinc 2" x 1½" bent to fit abdomen. Turn up corners cover with cotton and have ends 2" on either side - Put this on every day and fasten with adhesive plaster. Umbilical pad should have a bulging inward This prevents the closure of the opening Cases do get well with this treatment, Nine better than cotton. Many of these cases are met up by such things as diarrhoea - coughs - Foul Cases

Granuloma

A mass of vegetations round fleshy at umbilical stump. Made of granulation tissue - red sore looking may be as large as ½ wheat or larger - Bright red bleeds easily - reddish purulent discharge

Treatment - as for granulations elsewhere - If too exuberant - cut off or burn off - Better tie off with ligature. Lift up on the tissue and get ligature at the bottom - when granulations as large as bean eg. and cut off and use tannic acid or alum as astringent -

Diaphragmatic Hernia -

Heart may be displaced Pt. short of breath movements limited to one side - Child may live many years with little or no Thorax. Child becomes cyanosed repeatedly after exercise and dies.

Mastitis

Secretion in from 5 - 15 days To cause an adult secretion - physiological secretion - gland becomes slightly red. but gets all right in a short time

If severe the case may end in abscess - some fatal cases are recorded. Predisposing cause is cong of parts at birth Exciting cause Trauma (Breaking nipple shields) old fashioned ideas of nurses may cause abscess - Micro-organism may get in through milk ducts - want of cleanliness is a predisposing cause - mastitis may be due to infection.

Symptoms - Tenderness - enlargement

Retention or suppression of secretion - By gentle pressure milk may be squeezed out of nipple - Part of Breast

Treatment = cleanliness - no squeezing - breast by absorbent pad - hot applications (not cold) or ointments

Antiseptic with oil silk outside Forbes lancet

Abscess

Diagnosis

Causes - Trauma (general and surgical) Micro-organisms attacking Glandular tissue - Boils - Carbuncles - Bad teeth - Baby sucking.

Secondary causes - Scabs in infectious diseases as Scarlet Fever, Measles, whooping cough

Symptoms - Pain - Tumefaction - Redness - Pain in swallowing - Swelling of neck - Pain in head - Vomiting - Mouth inflamed

Tongue coated - edges red - Fetor of Breath.

Result - Suppuration - Opening lymphatics - Blood poisoning - Septicaemia - Pyaemia

Life should be kept up - Abscess may be found in many parts of body

Treatment - Clean - give food cold

Astringents useful - Alum 10 gr to 3i as wash a-

I

Organisms -

Causes

Formation of ulcer

Together

Catarrhal

Characteristics

Tongue

Treatment

Cauterize

Catarrhal

may last 1-2 wks (2-3 wks)

Treatment - Healing

Local - Chronic

III [illegible] - Spirochaeta and Fusiform bacillus

Acute ulcerative gingivitis - Vincent's angina

Found in persons under five years (1st dentition)

Trauma, debilitating diseases, poor hygiene

Bacteria who normally live about teeth

as a pathogen if not infection

May begin at any point but usually on outer side

of teeth. Extends back

Like the tongue side of cheeks

Alveolar sockets may be involved and teeth

separate

First symptom - Odorous breath & Salivation

Dental pain - tenderness - spongy gums - exposed

or bare dentine on tooth surface. Loosening & loss of

ulceration along gum margin. Gums appear

swollen & dusky gray depositing the

[illegible] in time necrosis of jaw may

occur - bone exposed - [illegible] chest may become

Gums may swell up to edge of teeth

Saliva profuse - [illegible] about mouth & chin

Breath foul. Fever and [illegible] (do not subside

[illegible] dependent on [illegible] of disease.

Usually recovery in course of time - bone may be

If seen early - most cases get well.

Treatment - I. Local - Mouth H2O2 for cleaning

Chlorate of potash as an [illegible] variety

Calomel [illegible] 5-6 gr to well

diluted every 1 or 2 hours. - Very pungent drug

Tongue should be well disinfected - used as mouth

Dec 16/03

dark gray or brown color - Babies
very ill and will probably die.
Thick scabs or cakes may be found in mouths of
sick babies
Symptoms - appearance of these spots on the mouth
Diagnosis - based upon the appearance of the mouth
are rubbed off, leaving a raw - red base Gen. Thrush
Tongue and whole lining of mouth may be covered with
these spots

Anus often

and tender

off white Thrush disappears

Prog - not dangerous in itself but in delicate children

Prophylactic treatment - To improve

action

of germs. Eliminate that encourages growth of germs

acid - Salicylic

Borax - Borax

cotton to irrigate

Local treatment - to the child's mouth and tongue with

Gentian Violet and Lactic acid - Apply with

cotton swab

ordinary case.

spreads when cheeks, uvula-mouth

Rarely under 2 yrs-2-12 y 10 Thru

over 2 y 10 - Usually

debilitated children - unknown for children

Ordinary invasion of Bacteria

during convalescence from measles etc

as measles -

I

II

III

IV

and

throat, becomes a gangrenous ulcer -

which is marked

Temp normal or 103°-104° F

Prog. mortality 9% - Duration 3-4 days - Prog. bases on
early & judicious use of parts - Septic Diarrhoea fatal.

Treatment - Four Indications -

Lumbar puncture ... June 1, 96.

1878 First brought to notice of profession - at first the ... cu[l]e ricketts (?) is still behind it in association
1879 - First case women in York reported
1894 - 06 cases reported
1894 - 1 in Canada - 1897 / commission investigated the ...

Cases I Child 8 mos married 3 mths - then located for - fruel - Pain on movement or moving them (epaulis) ... movements to move legs - sign of ... tenderness just above ... knees - did not pit on pressure - shiny glassy appearance
mouth swelling slight and spongyness about the teeth
blush color - no discoloring
Bowels loose ... - temperature ... or 1 week
In order - swelling of ... gums, pain in ankles - felt better legs before.
treatment - Fresh milk + milk & grape juice (unfermented)
Calomel first ... in five days.

2 ... 10 mths ... boiled milk & ... cow milk boiled - gruel thick - no milk
1 Child small for age swelling about gums ... Intended abdomen - Had rickets - ... purple areolae
bledow slightly touch teeth almost hidden
Legs tender to touch - enlarged no swelling of thighs
Pressure pain
Treatment - Cows milk ... - fresh orange juice

(Barlow's Case)

Age 10 mths ... 6 wks - grew - ... milk of - food constantly changed ... food - Had blood up at 12 mths but became unable to sit up -
swelling of legs - ... at hand dropped - Pale sallow, on back, left thigh flexed - ... extended ... day and night and ... if ... left thigh and leg swollen - thigh cylindrical ... not ... on pressure.

Epiphyses at knee + ankles large. Shortening of tibia
Radii enlarged at lower end. Under one pound - bones
thought to be absent
Profuse diarrhoea. Rachitic Rosary
in the region of Ribs. Temp 101° in evening
Rheum engrafted on Rickets
Tuberculosis -
Blood beneath periosteum of tibia & fibula & muscles
to serum in superficial layers - giving a hard feel -
Treatment - Fresh milk - Beef juice - orange juice - Improved
in 3 days
P. M. Case
Age 16 mos. Succession of Food
Diarrhoea - Epiphyses Rt wrist - child carried on
Approaching
Ecchymoses in skin - upper eyelids - no teeth cut - Fontanelle
open
Upper end of radius large - left hand as though fat.
Left femur thick - Left epiphysis large - thigh flexed.
Surgeon Back and made no attempt to move -
P. M. Over Parietal bones area of shelling - inner walls
pale yellow serous) Ends of tubes separated
by chocolate debris - granular & thickened - Tibia bare
over large areas - white & exactly - Beads of tibia were
large but against ends of tubes - no separation or
fracture only a shell of bone - Ep. plates were
detached corresponding tibia. Blood in bone part
attached superficial parts pale yellow -
Sub Periosteal Haem - in region of upper epiphysis shaft.
Exostosis esp. from femur. Tibia by blood. (Fracture
often found at epiphyseal junction) Bony surface
rough not fractured. Trouble in legs always rather
than arms. Previous rickets marked in cases.
Ht. in lungs, spleen, kidneys & glands.
Prim. Path. cond. Haem sub pericostal in muscles
bones skin lungs pleura kidneys - but haem acute

for death. No cases of diarrhoea in breast fed
Cause IV Food [illegible] leading to abscess
Outside of these causes unknown. Found in bottle
fed babies - Rarely occurring in well kept dairy. Small amount
might have to do with it.
In most cases children are profitably fed. The only
foods that have not caused it bad [illegible] are those in
which fresh milk is used
II Sterilized milk may cause scurvy when given raw
The children recover - Mod. of last albumin lemon juice -
fat droplets run together - cause breakdown - Only
2 cases among those fed on sterilized milk - does
not think it is cause of scurvy - many infants fed on
condensed milk have scurvy.
III Child 3 y.o. old - weaned at 3 mth. - scurvy -
[illegible]

Infantile Scurvy. Jan 20/06

I Incidence most often 6 to 9 month - during second period
of infancy 7 - 12 mth most common
2 Pallor (nearly always) pull down eyelid to see it -
3 Fretfulness with apparently no cause - not half consolement if left alone - on changing cloth rabbit - hitting
in bath usually a fuss is made - in short fussy crying
Cries screaming - being dressed - cries on touching legs
not so arms)
4 [illegible]
Lower limb - swellings not symetrically placed
usually just above ankle - above metaphysis may be felt
at hip - most on [illegible] Shaft [illegible]
does not
Surface ill defined - suggestive of thickening of shaft
of bone - Compare [illegible] with opposite side - no fluctuation
(a) No fluctuation - gristle like thing - pen pressure
area normal in appearance
No swelling in pressure

5 Clear eyes

Gums - Swollen purplish soft boggy appearance often bled frequently ulcerate (gangrene) The affects 6 then who have not or about to come through - no teeth little ridges about gums -

Forms. Group I Symptoms -

Stag from first Group -
I Pain in motion & handling
II Painful swellings
III Swollen spongy gums (teeth pressed

Secondary Group -
I Cutaneous haemorrhages.
II Pseudo paralysis
III Haemorrhages

Haem may be petechial - ecchymotic - purpuric - these accept to assume large size with kidney from eyelids or legs usually first - about upper eyelid often.
Petechial ecchymotic rash - noticed by mother
Before child is ill long the limbs (which early are flexed & in flexion position) - the first semi paralysis cond. child makes no attempt to change position.
Knee jerk & plantar reflex normal.
Semi paralysed cond of back. child weak & tired & does not move about
Cause of this - Pain due to contract in superior attachment. these are separated by serum or blood pain on movement - hence child does not attempt to move In this stage child lies on back - legs slightly flexed at thigh knees slightly turned out.
Haem may occur in pleura bladder & bowel - nose, lung kidney, spleen. also intest. glands
Pyloric anaemia is marked and constant symptom

Temp - erratic often - may be varied as successive crops are involved. not often above 101° - 2° may change every 2 or three days as when parts are affected the heat is affected parts.

Diag - history of case of Rickets from Cleanliness &c - Diff. Diag.

Rheum., Rickets - Purpura Haem. - Syphilis - Spinal Car. Osteitis Periostitis - Sarcoma femur - Eyeball &c. Stomatitis (results) Fracture of femur (callages) Abscess of knee hip (Morbus Coxae) Erythema nodosum Chorea Infantilis

Prog - untreated cases always fatal from exhaustion. Properly treated early - cure in a few months

Amelioration can be perceived in 3 days if stage is early - 1st Week - In 6 days better - if well Scurvy engrafted in previous rickets will not yield in 10 days

Treatment - Dietetic not medicinal - Directions Prescriptions last - Remove cause - Milk - Fresh cow's milk - Sterilized - Proprietary foods - Boiled milk - Peptonized milk - Condensed milk - Bad - Barley water - Gruel - Arrowroot - Starch - Corn flour - Oatmeal - Food - Bovril will not suit - must not be used. Meat or Fish - Beef tea - Mutton broth - Chicken broth - Fresh Beef juice - Meat Juice - Extract of Beef - Cranberry juice (or lime juice) 3ii 4 to 6 times a day Dil. and add Water + Sugar

Bovinine - Liebig's extract of meat - Do not use - Thickening agents must be present - Do not use many foods used. These foods may do some for few days - will disagree with digestion.

Tendency to feed the Rickety child - Do not overfeed - Do not distend child - Carbonates or phosphates of lime - shiny skin - Carbonates of lime - Muriatic acid - Phosphoric acid - Chloride of Sodium - Mother's milk - Wet nurse - Healthy - Do not let her have children - Do not let her have sexual intercourse - Do not let her have children - Do not let her have children - Do not let her have children

Less common in country
Drug predisposes to anti-conditions
Diagnosis rests on physical findings
Cause - to late - lack of proper hygiene
milk of Cow to ½ of infant's normal food
III Nursing prolonged 18 months
III Frequent child bearing & nursing several
IV Artificial food - Cow's milk to be
Sometimes proteids are wrong, carbohydrates +
Young lions fed on raw meat & milk of rachitic dogs
By feeding calves on milk of rachitic cows -
By withholding milk from young animals undergoing
normal starch digestion is developed.
Pathology - Bones soft & pliable
Bones - deformity - bow legs
Curvature of spine
Pelvis - deformity
Skull - deformity
Chest - deformity
Bones may be ½" thick (Parietal) normally ¼ inch
Rachitic bones without fracture like
Long bones - epiphyseal swelling
Costal cartilages - Rosary
Abdomen - protuberant
Head - large
Unusual changes in lungs -
Symptoms
Large head - Reading ribs narrow chest
Abdomen
Walking at early age
Curvature of spine
Bones soft
Symptoms do not come suddenly as a rule
Diagnosis - Rickets
Sweating of head - Restlessness (extreme at night)
Constipation with these three symptoms make

2 = Beading of ribs early
5 Craniotabes - soft feeling of head (crackling on pressure
Tenderness - Syphilis - Rickets - not common 1-10
Enlargement Epiphyses -

1 Head - Large - Head never absent - may last few
Sutures - Caput - Bones - stand out in beads - pillow wet
Fontanelles - Anterior - Posterior - Lateral - Mastoid
Inflammation - Infection - Convulsions -

2 Rickets - Child turns and loses at night
Tenderness - Pain - Bones - Legs - Arms - Pelvis
3 Convulsions - early
4 Beading of ribs - constant - Rickets - Rosary - Thickening
at junction of ribs & cartilages - slight or like case of rickets
or Rickets
Beads sometimes on one side and not felt
Seen in all but 2 cases in 144,

5 Deformities - Rickets - Head - Sutures - Fontanelles - Bones
Head - Sutures - Caput - Fontanelles - Bones - Legs - Arms - Pelvis
Cause - Rickets - Syphilis - Hydrocephalus - Rickets - Bones affected
and to top and sides often flat

6 Sutures - Fontanelles - Anterior - Posterior - Lateral - Mastoid
Foramen - Anterior Fontanelle - Last 2-3 yrs
Veins run - Pulsation - Caput - Blue - Tension
Head flat at back and can give some indication

7 Chest - Rosary - In well marked cases - Lateral
depressions - Lower 1/3 of chest - Transverse diameter
and distorted - Pigeon Chest -

Rachitic girdle - Transverse depression of chest - Lower 1/3 of chest -
marked cases - Transverse groove - Extending across
chest just below nipples -
Cause - Rickets - Bones - Soft - Thorax - Soft - Chest
walls - Negative pressure - Abdomen distended - Lower
ribs raised up
8 Spine - Kyphosis - Middle - Dorsal region

...weeks not strong enough to keep upright = Ant
...days of [illegible] ear is seen
in early stages some muscle tone can be called out by lifting
up & at Cafes wt of body will not straighten extremities
at times some lateral
Cliff Leg Foot - more of angle Rickets curve
one bent several.
Rickets - Deformity - antero posterior diam narrowed
- widening of subcostal arch.
Epiphyses - Radius + ulna most usually affected
Epiphyses very common + at wrists
Often finding is early scurvy look at wrists
Legs - Knock knees + bow legs
Standing [illegible] in children who have never
walked Leg often elongated -
Muscles - small flabby - poorly developed
Abdomen + Digestive disturbances
Cowslip common -
Anaemia always -
Nervous symptoms marked
Infections more common than other
diseases -

Feb.

Rickets -
Signs of improvement -
1 Increased mental power
2 Decrease in head sweats
3 Convulsions disappear
4 Anaemia improves.
Early drop - Head unsteady Large fontanelle
Restlessness of night Cranial tabes

Late symptoms

Deformities - Beading of ribs
Large skull
Bow legs

Pulse often feeble. Heart not affected usually
Diag. from Hydrocephalus - early symptoms
Rickets wanting. Head not square as in
rickets

Syphilis - early lesions none
Like many infantile diseases. Lesions not at
extremity but at junction of epiphysis and shaft
Invariably more or less affected - Liable to
fracture - Second premolars & anterior permanent
teeth -

- Rheumatism

- acute exacerbations of temp - Acute tenderness
Joints sudden - Swelling of joints not seen
as Rickets -

- Pathology

Curvature of spine - Tend to be angular
Ant. Rickets Sternum normal - No deformity
Enlargement - no beading of ribs - no large
Abdomen - Perhaps headmarks -
Usually over two years of age

Diffuse

Atropine $\frac{5}{100}$ gr child 1½ yrs of age.

Heterophoria —

Pleur. Exp. = Pneum. Resp. -

Colic

Any severe - enlarged Pain, also Tenderness
Acute Appendicitis - Inflammation of
the Vermiform - Appendicitis -

Torsion or Strangulation - Peritonitis from
perforation Tissue changes - Colic or Tenderness
Appendicitis.

Canadian -

after birth baby takes food Primary new
channels - new attractions must be developed.
Food (first year) may be poorly and poorly
digested causing flatulence.

Gallstones Ileus -

Transition Colic occurs in 1st 3 mths -

Trans. Colon receives large part of Ileum
Some Some pass attacks
Some Cant take at bottom time of day.
Colic upon stool
Feces Abdominal inflammation -

Endocrine Glands - Sex becomes more
complicated -

Scientific Research to be commonplace
Treatment for Battered babies.

Path - must start of interference

Exposure & cold may cause convulsions

Symptoms

Baby face shows pain
Eyes become oval eye-
perks up legs - in boys scrotum cont.
abd hard - contracted
If case extended Baby shows signs
relation of same effect

In severe cases

Baby flattened out - face pale temperature
forehead - temperature perspiration
Lower baby goes blue

In mild cases - Baby restless, vomit sleep
is difficult to keep down - In habitual
colic, Baby handles - at ease

Because baby cries no reason child wants
food - Cry for food different from any other
Colic pains may occur at any time of day
There is loss of appetite, thrives and get on well -
Prognosis may depend on cause

Treatment

Prevention

Relieve pain

When due to direct irritation - anything by
mouth has to effect

Give enema with water where gas gradually
Fountain syringe. Tepid water - Soft water
Inject Glycerine ½ - 1/3 Hand for relief
Babies have tepid shower - warm milk

hot flannels - water bottles - hot bags - may
do well gas from the electric fires in bathrooms
etc. Hot water bottles - hot flannels - hot
Put on the feet - wrappings - blankets hot water bottles
in carriage

Medicines ordered should be given

Remember

Diabetes - Milk - Veg -

Common - Pots water
Linseed

Antiseptic -

Formerly we consider in Uterus - Could give
unless indeed should put first catheterise
with Catheter - if retained after

Hospital care - treatment diet

Prevention - Castor oil - Calomel.

Dr Emmes

Feb 15/06

Examine with History of Case
Ask mother or Nurse or Physician
Form of former condition
Cause of present difficulty if unknown
Temperature
Pulse
Respiration
Watch Respiration
Ask of inflam about face &c
Inspect throat for thrush - Cond of skin
Take child's hand or feel temporal pulse
Note fontanelles -
Examine for disease of head ears or nervous
Nervous
Note condition of pupils
Spec Examination - Hands &c - fingers &c.
Immediate Examination you prefered
Note cond of child during - Pulse Resp -
Temp - (Note if vomiting) Effect of Pulse Resp
Temp at each visit
Chronic Diseases (1) Attend mostly always of Abnormal
Lungs Heart and urine fully -
Tuberculosis before pneumonia -
Pneumonia - Rise of pulse - Rate in children
Temperature at times in Acute disease
Note loss of appetite Thirst Pain left side
Difficulty of breathing in inspiration
Note Local pneumonia very common due to Bronchial
tubes.

Exam. head -
with finger between fauc
advis as in mouth of Incipes

Exam - gums - teeth

Put questions of fact, investigation + inclin
confidence - don't tell yourself part of history
Be careful in talking into history known

Exact date of commencement - how of epidemic of -

Exam - diet
date of dentition Exam mind wise

Exam mouth nat - discharges -

Epidemics vary - consider character.

Diseases of nervous system - dangerous -
Hydrocephaloid - " meningitis of -

Be careful about fevers - continued and
eliminate -

Notice - from the [illegible] spinal meningitis
and pain at hips —

Feb 17/85

Consideration of Child Four principal
indications to be regard

I Im general condition - form the whole
constitution or habit - flaccid and wrinkled
Brows
2 Upper part of forehead brows + eyes chang
in various cases - brow knit - eyes wild +
vacant or fixed and glassy -

Circ + Resp -
middle ⅓ face affected.
nostrils sharp or distended while dark
circles surround eyes + mouth.

Diseases of Adrenals -
Peculiar expression. Cheeks sallow
+ sunken, mouth retracted + drawn.
Skin (color) and mucous membranes

Indirect lines - These are well defined
lines indicating certain diseases.

Pituitary Body - Enlargement of eye
sockets and prominent bone - Eyeball.

Cardiac stimulants act on sympathetic
nervous system. Sympathetic system may
stimulate meninges

12

Laborers attending down and back from
angle of mouth in exhalation of Pul bacteria

3 Transit attempting from inferior thoracic
Median incisor external angle measured
forward by Canal [illegible]
[illegible] - [illegible]
disorders of abd viscera

Fever [illegible]
[illegible]

Expression exist in staring - confused -
[illegible]
- Coma Vigil —
frequently - Strabismus - Squint —
As rule Pupil is contracted in early life
dilates as disease advances.
Later - eye becomes sunken
head appears large - Tumors of [illegible]
[illegible]
Glasses - if head does not [illegible]
Cat knows there are [illegible] of [illegible]
Infant deviate - may also [illegible]
of eyes — [illegible]
Sympathetic cerebral symptoms -

Diseases of Resp system prod. dusky red swelling
of face
Acute mastitis - dilate at inspiration
- Contract at expirat
Twitching of Muscles - Curling of lips - widely
dilated nostrils — Look out for Pul. Trouble
Expression of annoyance or abd disturb.
Gen. Peevish fretful
Painful below belt.
Pinched features - sunken eye - pallor
Puckering of lips - drawing of mouth
In all forms of Gastric intest disturb - face emac.
Nose frequently swollen
In chronic inflam of bowels - nose turned
(In worms) conjunctiva pearl like
Eyes - pupils dilated - Reflex paralysis
In weakness - alt. Comp blood
Face flushed - hot to cold.
Extreme - face pallid cold glistening
eyes half open - corneas covered with
mucous pupils contracted -
Cornet - Diseases
Jaundice — Face Coal Tar discoloration

Bright eyes - Long and fine hair + tender
Scrofulous - Face - red + dull - dry coat
under Huckaback - lips + glands very
Rickets - Face - small / forehead square +
large - eyes usually dull + sunken
Coup Sicly - skin thick -
Jaundice - yellow -
not Fever, symptom of Measles -
Overdose of Opium -
Contract pupil - Coldness of
Fear gestures attitude of fetal
Sense / Pain withdrawn by Look /
spirit - dejection - muscular
inability - assuming languid attitude
Child unable to make Use of - Pocket
Test degree of Stray
Cure of Pain
weakness - Power of Endur
Pain / Inflam affection - may cause
child to avoid motion
Note painful ankle - shin bone
Examine thoroughly every wound + treat
Juice of Lemons - Light food.
Note Thick food - may be used -

[illegible] - undator uptam.

[illegible] drawn afterwards
[illegible] about - nothing else on sudden
[illegible] pain.
[illegible] pain induces inward
[illegible] Infant will start
interior surprise

Convulsions -

Head drawn back.
One or both arms become rigid
Legs are either drawn up or extended rigid
Breathing spasmodic - hurried noisy.
Thumbs + fingers usually flexed widely.
Face [illegible] - the [illegible] more or less
[illegible] only one set of muscles affect
or one side body or whole.
Eyes usually fixed - sometimes rolled up
Insensible to light and sometimes touch

Great Prostration

Child motionless -
[illegible]

[illegible] of Brain or mind -

[illegible] frequently raise head -
Head rolls from side to side

[illegible] of tongue [illegible] retention -
child frequently puts fingers forcibly
into mouth - may bite tongue severely.

Spasm [illegible] of larynx -
Child grasps at larynx - convulsive [illegible]

Child may be affected by pathological
adult.

Not known if race or location
Yes in Korea — common in more
Feb 24/15

Feb 6th

Rheumatic Fever in Children

Symptoms different from adult

Chorea = manifestations not
limited to joints - but in some way of
Erythema - Carditis - Pleurisy -
Chorea - tendinous nodules - may
be evidence of Rheumatic Infection
- usually found in Children & Adolescents
- may occur in any order; frequency
determination -
- any one may be absent - only two may
be present.
- May or Recurrent - of above -
- May be three - Pleurisy nodules
may be separated by varying intervals
of time - may be 10 or 15 months or years
apart.

Fever, Ch. or Chorea may be only symptom
Frequently affection of joints not marked
may be wanting.

Endocarditis most common manifestation
arthritis is at minimum -

Suffered nearly always & have rapid
cooling of body. Tête couvrant
Heredity -
Under 5 years joint affection rare
Poore Hygiene -
Symptoms - Constant to adult.
In majority cases most gradual
I Pain - may be only tenderness -
Local pain - may be little stiffness
or weakness
Acute inflam. may be limited to tendons -
Joint - pain often subsides before fever
Temp. seldom high - above 102° and
only for few days
Pulse slightly raised unless accomp.
cardiac
Past never attacked fractures
II Heart comp. - occur in most cases,
Constantly overlooked when not joint
affection - Endocard. - Pericard. -
Pericard. - relapsing rarely -

Murmurs usually [illegible]

Pts with valvular murmurs often have history of rheum. - often develops afterwards

Pericarditis usually over 6 yrs.

Inflam. Other serous membs.

Pleura - 10% probably.

Peritoneum. - Peritonitis

Tonsillitis - common

Pharyngitis

Occasionally these follow 1° organs

of Cardiac

Kidney -

Fibrous nodules - common in children

in neighborhood of [illegible] - margin of patella

crest of ilium & clavicle [illegible]

temple - occur in crops, —

Rheum. - elbow — common.

Look upon as of Rheum origin.

Look for Endocarditis

Erythema - more frequently -

Rheumat - subcut - [illegible] - Pat.

Chorea (found in adults many patients)

Frequent [illegible] accompanies.

Note relation to Rheum.

Thrombosis + Embolism.

Varicocele - frequently tend along spine
may be great symptoms of Disease

Neuromuscular excitability -

Cure -

Can easily life two one or two special
symptoms but by number + combination.
Probably Heart - Pneumonia Rheu of Pet -
Pneumonia - Scarlatina - Diphtheria -
Rheumatic Chorea Convulsions - Varicocele
Look for Erythema - Endocarditis
Examine heart with Cauna

Machell Mar 3/06

Conditions to be watched for Pneumonia

Infantile Paralysis -

Pneumonia - not to common (Medic cases)
with rheumatic affect of joints
in Infantile Paralysis - Tender above joint
Tenderness -

Prognosis -

Danger end of 3rd by complications
Rheumatic Pleurisy another
Danger Heart - prop. to chor of trouble
with Dilitation -

Note pneumonia, abscess, bronchitis
carried dilation
Pleural Empyema

Treatment

Keep warm. Keep pt. still at rest.
Medicine to relieve the pain. Must
understand effect of medicine and diet
Prevent inflam. of bronchial - minimize
and avoid - Relieve pain

Fluid intake - Orange ice, fruit Red
Jell-O, broth only useful in acute infection
- Nutritious

Prognosis

Early injection does away with
swelling in parotid glands -

Etiology

Rare under 2 yrs of age -
Common - between 5 - 15
Males most easily affected
Cold weather -
Epidemics

Infection is real cause - bacteria,
Comes by close contact - Breath - secretions

Infection from ear or throat
- during active symptoms.

Symptoms -

Incub. 1 - 3 wks. - no symptoms

- malaise - shiverings - headache
sore throat - pains - disturbed sleep
loss of appetite. - (from few hrs to days)
swelling of gland - 2-3 dy after symptoms
accompany dull aching persistent
pain - increased by pressure or
movements of jaw
Trismus gradually increases for 1. 2. 3. dys

Mast. process - Temp. rises acute - Submaxillary
swelling appears shortly after pain last
several days. -
Pain may spread downwards towards
the shoulder.
Ear appears to be lifted from face
Hearing normally fair - slowing, practice
deafness - No pitting on pressure on mastoid
Pain may be referred to parietal, occipital
and simultaneously forehead.
Swelling recedes before suppuration

Slight swelling of faces noted.
Note involvement of testes - may be
post manifestation.
Orchitis appears 6-7 days after swelling
of Parotid gland. Epid not often involved
Ovaries - analogous - effect mucous -
mammary glands -
Heart -
Adynamic position, - nerve [illegible]
effected.
March/26
Pertussis
Whooping cough.

Expectoration [illegible] infectious

[illegible]

[illegible] appear to occur in cycles.

[illegible] infection so great that any

gets disease.

Infection from Mouth - secretion from mouth

Area of infection under Kleenex handkerchief

Cough

Germs like warmth, short contact only necessary.

Both possibly not probably of disease

Germs carried through and can't see as not

infected except by clothing -

Infection could extend over [illegible] disease

Both relatively to passing and stage

Pathology not well known

Diseases of general asthenia

Cough reflex becomes [illegible] affected

1 - Portals of Entry

Continuing effort to relieve by coughing - Time of day is followed by long drawn whoop.

Acute infection of upper respiratory system with catarrhal inflammation of conjunctiva, pharynx, nasal passages and bronchi, larynx -

Convulsive cough - Temperature

Greater frequency of paroxysms at night period

Due to drying effect of accumulated secretions

Prodromal symptoms - emphysema -

Symptoms -

Period
- Incubation - 1
- Catarrhal - 2
- Paroxysmal - 3
- Convalescent - Decl. - 4

I Indefinite - Incub. 2-7 days Av. 4

II Slight catarrhal symptoms -

Increasing -

Irritating cough -

Night worse; Vomit

Loose slight fever

Child feels ill -

Temperature rises about

may be slight bronchitis

Cough returns more frequent

worse at night -

The Second Each Case -

3. Typical -

Cough paroxysmal with whoop often comes on suddenly. It may have warning - restlessness or fatigue - strong inclination to cough. Face or upper part becomes flushed or cyanosed - tongue protruded - temporal arteries

(Cough) series of explosive coughs short efforts - followed by deep drawn inspiration - may be noisy.

Efforts continue for few seconds face becomes more congested, cyanosed eyes watery. tongue drawn forward tense - veins of forehead prominent - [illegible]

Cause of whoop is [illegible]

[illegible] - 5 min - 1 hour

½ hr in severe cases.

[illegible] - by mucus

[illegible] - something may occur due to

[illegible] body

[illegible] - from

[illegible] - [illegible] - [illegible] - [illegible]

[illegible]

Figure thymus and face are affected during paroxysm.

If paroxysm [illegible] together face [illegible]
between [illegible] spasm may [illegible] for
hours [illegible] may also remain for
hours

Two [illegible] attacks.

[illegible] - 6 - 7 most at night
severe 46 - 70 in day -

Produced by [illegible]

crying
sneezing -
swallowing -
[illegible]
use of [illegible]
change in temp. -

Cases from fresh

2w [illegible]

Duration - 3 - 6 wks

4 Commences - after paroxysm cases
or [illegible] [illegible]
frequent - cough much lessen.

March 17/06.

Stages of disease - when contagious
disease. Typically five with known

Stages 1. 5-7 days
2. 1-4 days
3. 3-6 wks
4. 10 dys to wks or mths

Pathognomonic symptom - in beginning up to 14 days - Inability to breathe
- on beginning cough for months
Inspiration deep and long when child has
paroxysm of cough for 2 or 3 or 4 days.

Complications -

- Bronchitis - very common
may complicate diagnosis
- Bronchopneumonia - most serious
often in young children
often by pneumococcus &c.

Whooping cough has followed
by vomiting - more dangerous.

Cough may come for years - Look out
- Collapse - usually young
- Epistaxis - common

- Hearing under examination - [illegible]
- Temperature - course of [illegible] pulse -
- Condition of [illegible] - [illegible]
- Tongue - [illegible] - digestion
- Presence of Parasites - [illegible]
[illegible]
[illegible]
Examination of Urine -
[illegible]
Odour

Diseases which follow infecting Cough

- [illegible]
- [illegible]
- Measles —
- Rickets frequently —
- Anaemia —
- Tuberculosis as in Pleural Form (difficult to tell)

(Race not answered)

Pulse Rate - Tendency - [illegible]
after [illegible]

Diagnosis Impossible, uncertain

Prognosis - Decidedly Grave -

Mortality Diphtheria

cases of Fatal Scarlet Fever

10,000 Deaths in U.S. under 15 yrs

In Fatal cases usually death occurs

Decidedly 3 - 15 %.

Younger

More Likely complicated

Incomplete - Initial comp

Heart debility

Winter - Resp comp

} greater danger.

2/13 Death Rate (Bronchio Pneumonia)

Treatment -

Prophylaxis -

Protect from disease -

Yet should never Protect every child

in house will get Whooping Cough &

Diphtheria -

When necessary Quarantine cases.

Diphtheria - Begins with stiffness of

Incline - Chest & neck, throat covered

Limit for freedom from cough.

Treatment of attack -

Don't expose but give fresh warm air - If house large have one room for day - other for night

rest - clothing - good food - change of climate -

Local - Inunction -

Spray -

Inhalation - odyne

Ammi not much good -

Cocaine? only temporary

Resorcin 2% ?

Carbolic ? Burnett on but do not do much

Creosote ?

Eucalyptus ?

Benzoin ?

Amyl nit ?

Salt -

Treatment of exhaustion -

Treat weakness -

Rest - and medicine for Bronchitis

Secretions cell or epithelial

Lung & nervous system

- Diaphragm -

2 pic brown fat was in child syph

achell — - Bronchoscope mean 2-0 — 4, 1 to 4 pm

in right eyelid of 2 o'clock

- Pulmonary Staphylococcus

Child type — 8-2 in mean

2- — 4 pm - for the T + A

Blood -

Liver

Lung

- Cardiac

Tonsillectomy -

Condition -

Post. Dorsum - Pulse - Condition

Mar 31/06.

Acute Spinal Meningitis -

- Infect disease char. by inflam of meninges of Brain & Spinal Cord and by [illegible] - [illegible] symptoms

- [illegible] occur specifically in the vertebral region.

- Cause & Pathogenesis

[illegible] in cases we can [illegible] blood culture - Nasal secretion - discharge from ear

Pneumococcus Staph Pyogen Endocard. [illegible]

Not Haem influ -

- Inside Communicate not [illegible] Edema and [illegible] Both cases do not often occur together in same family [illegible]

Clinical Hist

Sudden [illegible] in few cases in [illegible] cases - pain - [illegible] rapidly [illegible] rachyagia - [illegible]

XC

General myalgia pains in abdomen
back frequently tenderness usually
increases headache
Influenza
Pneumonia sometimes follows.
Pleurisy pneumonia pains pain
peritonitis vomiting vomiting daily
Prostration in late stages.
Jaundice rarely Epistaxis
General remissions
Marantic exhaustion
Lung Spleen
Complications. Stomatitis Phlebitis
Phlegmasia alba dolens.
Emphysema pneumothorax pleurisy pericarditis
Endocarditis not abscess
Cellulitis suppuration
Jaundice Hepatitis
Skin rash Erythema
Nervous Convulsions Insanity good
Delirium Tremens Epilepsy Hysteria

Oil cycles common - type of [illegible]

Symptoms at first may be slight red [illegible]

Later) tender - may be large enough [illegible]

Not tried [illegible] touch between

Later infect complications -

Pyelitis - early - [illegible]

Cystitis early

Ureteritis -

Pyelo may be [illegible]

Comp

[illegible]

[illegible]

[illegible]

Low [illegible]

Urinary - [illegible]

[illegible]

Mild - Fundamentals -

Pyelo - Symptoms only -

[illegible]

Urine [illegible]

Ureteritis -

Ureteritis more -

Symptoms subside in 2 or 3 days

But [illegible]

Typhoid fever

Apoplectic

Coma - Fatal

Scarf Fever

Scarlet

Infectious Acute exanthem.

Influenza - occurs in epidemics

Symptoms -

Pains

Deafness

Persistent headache

Chronic Hydrocephalus

Mental Confusion

Various local Palsies.

Disease does not cause Immunity

Duration Mild 2 or 3 days

Malig - few hrs

Short 2 or 3 days

Acute - last weeks

Mortality

Under 2 yrs usually fatal.

Diagnosis

Notification

Prophylaxis.

Isolation of cases & contacts

Notes on Lectures
Intestinal infection & intoxication
April 7/06

(Toxic infections)

Usually principal symptom
caused by bacterium-poison
type of infection

Diff. - Incubation very short

Causes -

1. Eat too great no. of germs
2. Capacity for resistance
3. Type of germ

I - Symptoms
(Local irritation (site of entrance)
Sudden change in whole
body economy
Toxic cardiac failure
rarely may die in collapse.
(No Fever) Temperature disturbances in center
of vasomotor

Diff. diag. - Intoxication acute
irritant poisons - Poisons
Cholera nostras
Intestinal parasites

2

Cold (note)

Producing by ... of gastric mucous membr.

Improper clothing

Wet

Ventilation

Fever - ... by acute disease

Symptoms -

Arrest of function

Food remains in the ... stomach

Impedes digestion - 5-6 hrs

Causes ... Eructations

when ...

... Arrest circulation -

... digestion ...

... impure ...

... Liver -

... Lungs

... Skin -

Because fluids not ... Blood ... amount of ... - Thus arterial ... Acts on circulatory ... Skin ... and easily absorbed.

may produce severe nervous symptoms

Child may [illegible] - [illegible]

[illegible] to go on and [illegible]

[illegible] may continue for [illegible]

If [illegible] - child gets

[illegible]

[illegible] - [illegible]

[illegible] - followed

by [illegible]

[illegible]

B [illegible]

- [illegible]

- [illegible]

(Acute - [illegible])

[illegible]

[illegible]

[illegible]

Prog good—

Treatment

Enemas

Rest

Fruits quick way - Glass Tube

Juice & Solids of Fruits.

Hot Bag, Hot bottle Gastrointestinal

Feeding - To feed for 5. 6. 7. hrs

then every hour. All water

(Cold & warm) whey "

Barley water

whey - or Peptone milk

Treat rheumatic pains as early. for inc

Drugs - Aloin & nit phos pain

Salicylates -

Calomel -

Salicylate Zinc - Alkaline Urine

Phenacetin -

Chalk mixture

Soap water

Formalin tablets

Hot water bottle over abd - Hot flan

In older children - Emesis

Large amounts of undigested

Final food - Bulk - Peristalsis

Fatty acids

Acute Scabies

Comp — Rare

Lesions occur above

Cause - Parasitic Tract infg

—

—

—

—

—

—

Epidermal Cells —

Increased immune reaction

Change in epithelium

—

2 Inflam. edema lymph. nodes

Lack of hair and sweat

3 Rare - abnormals -

4 More common - caused by

Irritant poisons - usually by accident
Caustic alkalies -
Mineral acids - Arsenic
Croton oil - Cl3 -
Lemon Extract - Peppermint Wood
Cone Cl3 — time.

Symptoms
I Pain & Vomiting from Indigest.
Fever
Thirst continue
Purging
may last several days
Diarrhoea — often & usually seen
in morning.
Constricted feeling in throat
Low hiccough Feet
Vomiting incessant
Pulse collapse
Usually some Convulsions
Diarrhoea

Treatment —
Wash out Stomach Sulphate

Parkwood Kenwood. 24
Carlson
Hirrington,